

PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DePARTMENT OF COMMERCE
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		Complete if Known								
Fees pursuant to the C	Application Nur	Application Number 10/564,473-Conf. #9263		nf. #9263						
FEE TRANSMITTAL			Filing Date	Ji	anuary 13, 20	06				
			First Named Inv	ventor M	lasaki MURA	SE et al.				
For FY 2009			Examiner Name	Examiner Name G. Sitta						
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 26		629					
TOTAL AMOUNT OF PAYMENT (\$) 1,080.00			Attorney Docket	Attorney Docket No. SON-3058						
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
x Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17										
FEE CALCULATION										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
	FIL		ARCH FEES	EXAMINA	ATION FEES	·				
Application Type	Fee (\$	Small Entity Fee (\$) Fee (	Small Entity  \$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)				
Utility	330	165 540		220	110	1 003 1 414 (4)				
Design	220	110 100		140	70					
Plant	220	110 330		170	85					
Reissue	330	165 540		650	325	•				
Provisional	220	110	0	0	0					
2. EXCESS CLAIM	FEES					Small Entity Fee (\$) Fee (\$)				
Fee Description				52 26						
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)					220 110					
Multiple dependent		iduig iteissues)				390 195				
		F== (6) 1	Foo Boid (\$)	84	Itiple Depende					
Total Claims	Extra Claims	·	ee Paid (\$)			ee Paid (\$)				
HP = highest number of		· · · · · · · · · · · · · · · · · · ·		<u>Fee</u>		<u>ee raiu (\$)</u>				
Indep. Claims	Extra Claims	Fee (\$)	ee Paid (\$)							
- or		paid for, if greater than 3.			•					
_	•	paid for, if greater triair 5.								
3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50										
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets	Extra Sheet:		additional 50 or fra		Fee (\$)	Fee Paid (\$)				
- 100 = /50 = (round up to a whole number) x =										
4. OTHER FEE(S)										
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): 1403 Request for oral hearing1,080.00										
SUBMITTED BY										
Signature	71		Registration No. (Attorney/Agent)	40,290 47,255	Telephone	(202) 955-3750				
	nristopher M. To	Koin Common Comm		<u> </u>	Date	May 28, 2010				

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3	Effective on 12/08/	2004	Complete if Known							
1	Fees pursuant to the Consolidated Approp		Application Number 10/564,473-Conf. #9263							
	<b>FEE TRANS</b>	MITTAL	Filing Date	January 13, 20	006					
			First Named Inventor Masaki MUF		SE et al.					
ŀ	For FY 20	בטר	Examiner Name G. Sitta							
l	Applicant claims small entity stat	us. See 37 CFR 1.27	Art Unit 2629							
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Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17										
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١	, FI			AMINATION FEES	,					
l	Application Type Fee (\$	Small Entity 5) Fee (\$) Fee (\$	Small Entity  Fee (\$) Fee	Small Entity (\$) Fee (\$)	Fees Paid (\$)					
l	Utility 330			20 110						
l	Design 220	110 100	50 14	40 70 ·	-					
l	Plant 220			70 85						
I	Reissue 330	165 540		50 325						
۱	Provisional 220	110 0	0	0 0	, , , , , , , , , , , , , , , , , , ,					
l	2. EXCESS CLAIM FEES		Ū	v	Small Entity					
Fee (\$) Fee (\$)										
	Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110									
	Multiple dependent claims	uuliig Keissues)			220 110 390 195					
l	• • •	- F (t) E	oo Boid (\$)	Multiple Depende	***					
l	Total Claims Extra Claims	s Fee(\$) F	ee Paid (\$)		Fee Paid (\$)					
l	HP = highest number of total claims paid for			100101						
l	Indep. Claims Extra Claims	s Fee (\$) F	ee Paid (\$)							
	- or HP =	_ x =								
	HP = highest number of independent claims	paid for, if greater than 3.	•							
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Total Sheets         Extra Sheets         Number of each additional 50 or fraction thereof         Fee (\$)         Fee Paid (\$)           100 =										
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I	4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)									
l	Other (e.g., late filing supcharge): 1403 Request for oral hearing 1,080.00									
SUBMITTED BY										
ş	Signature	M	Registration No. 40,2 (Attorney/Agent) 47,2	290 · Telephone	(202) 955-3750					
ľ	Name (Print/Type) Christopher M. T	%in	· · · · · · · · · · · · · · · · · · ·	Date	May 28, 2010					